PTO/SB/05 (05-03)

Please type a plus sign (+) inside this box

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY									
PATENT APPLICATION									
TRANSMITTAL									

110003.98148.02AB071 Attorney Docket No.

	APPLICATION	E	irst Inv	entor	Pete	r Harol	a We	rner	ان	
TRA	NSMITTAL		itle \	aratus	_=					
(Only for new nonprovisio	nal applications under 37 CFR 1.53(b)) E	xpress	Ma <u>il Label N</u> e	o. EV	286 2	58 89	94 US		
	ATION ELEMENTS	nts	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
1. Fee Transmittal F (Submit an original and a Applicant claims see 37 CFR 1.27 3. Specification (preferred arrangemen - Descriptive title - Cross Reference - Statement Reg - Reference to se or a computer produced by the computer of the second second of the second s	[Total Pages 39] of the invention set to Related Applications arding Fed sponsored R & Dequence listing, a table, program listing appendix the Invention of the Invention on of the Drawings (if filed) ption Disclosure	1	Alexandria, VA 22313-1450 7.							
- The second sec			17.	Other: :::						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
	19. CORRESPO	NDEN	CE ADD	RESS						
Customer Number or Bar C	ode Label ([Insert] Customer No., or Affa	elabarecci	de la bell tre	or [<u>v</u>	Correspon	dence ad	ddress below		
Name	Susan M. Donahue									
	Rockwell Automation, Inc.									
Address	1201 South Second Street, 70	04-P								
City	Milwaukee	St	tate WI			Zip C	ode	53204-24	96	
Country	USA	Teleph	one	414.382.4463	3	Fá	ax .	414.382.3	3900	
Name (PrintlType)	Michael A. Jaskoleki		Regi	stration No. (Att	orney	Agent)	37,5	51	$\overline{\ }$	
Signature	M. John					Date	7 -	22-03	,	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete finis form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Express Mail Label No. EV 286 258 894 US

PTO/SB/17 (5-03)

Under the I	Approved for use through 10/31/2003. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.															
FEE TRANSMITTAI					_	Complet if Kn up										
					니	Application Number										
for EV 2002					Filing Date herewith					ith						
for FY 2003						First Named Inventor Wir				Winch	Winch Control Method And Apparatu					
Patent fees are subject to annual revision.						Examiner Name										
Applicant claims small entity status. See 37 CFR 1.27						Group Art Unit										
TOTAL AMOUNT OF PAYMENT (\$) 1,252.00						Attorney Docket No. 110003.98148										
METH		FEE CALCULATION (continued)														
Check	3. ADDITIONAL FEES															
Deposit /	Credit		Order	OtherNone	Large Entity Small Entity											
Deposit					Fee	Fee	Fee	Fee		Fee D	Description		Fee Paid			
Account Number	17-005	5			Cod 1051		Code 2050	(\$) 65	Surchar	ce - late fi						
Deposit Account Name Quarles & Brady LLP							2052	25		narge - late filing fee or oath						
	loner is a	uthor	lzed to: (check al		1053	130	1053	130		glish speci	ification					
Charge fee(lit any overpayments	1812	2,520				•		reexamination				
				ency of this application	1804		1804	920*		•	ation of SIR					
to the above ide	` '		ow, except for th	e tiling tee			\		Examin	er action	•		<u> </u>			
TO THE ADDITION			ALCULATION		1805	1,840*	1805 1	,840*		iting public er action						
1. BASIC FI		_			1251	110	2251	55	Extensi	ion for rep						
Large Entity	Small En	tity			1252	410	2252	205	Extensi	on for repl	nd month					
Fee Fee Code (\$)	Fee Fe		Fee Description	Fee Paid	ı		2253	465		on for repl						
1001 750	2001 3	-	Utility filing fee	750.00	l	1,450	l	725	Extensi	on for repl	y within fourti	n month				
1002 330	2002 1	65	Design filing fe			1,970]	985	Extensi	on for repl						
1003 520	2003 2	60	Plant filing fee				2401	160		of Appeal						
1004 750	2004 3		Reissue filing t				2402	160	_		pport of an a	ppeal	· · ·			
1005 160	2005	80	Provisional filir	ng fee			2403 1451	140		est for oral hearing on to institute a public use proceeding						
		S	SUBTOTAL (1)	(\$) 750.00			2452	55		to revive						
2. EXTRA C	LAIM F	EES	FOR UTILIT	Y AND REISSUE	1453	1,300	2453	650	Petition	to revive						
			Extra Claims	Fee from Fee Paid	1501	1,300	2501	650	Utility is	sue fee (o	r reissue)					
Total Claims Independent	41	-20**		18.00 = 378.00	l .		2502	235		issue fee						
Claims	[4]	-3**`	= [1 × L	84.00 = 84.00	1503		2503	315	Plant is							
Multiple Depen	icent		L	=	1460 1807		1460	130			ommissioner					
Large Entity Small Entity							1807	50		sing fee un	-					
Fee Fee Code (\$)		Fee	Fee Descrip	tion	1806		1806	180			ormation Disc		10.00			
1202 18		(*) 9	Claims in exce	ss of 20	802	40	B021	40			atent assignr umber of prop		40.00			
1201 84	2201	-		aims in excess of 3	1809	750	2809	375			on after final r	ejection				
1203 280	2203	140	Multiple depen	dent claim, if not paid	1810	750	2810	375	•	₹ § 1.129(; th addition	a)) nal invention t	o he				
1204 84	2204	42	** Reissue inde over original	pendent claims patent	1010	, /30	2010	313			R § 1.129(b))					
1205 18	2205	9			180		2801	375			tinued Examir	<u> </u>				
and over original patent						1802 900 1802 900 Request for expedited examination of a design application										
SUBTOTAL (2) (\$) 462.00						Other fee (specify)										
**or number previously paid, if greater; For Reissues, see above *Re							y Basic	Filing	Fee Pai	d S	SUBTOTAL	(3) (\$) 40.	00			
SUBMITTED	BY	=									Complete #	ennlicable)				
Name (Print/Type) Michael A. Jaskolski							Registration No. 37 551 Telephone A1A 277 5					414.277.57	11			
						(AttomeylAgent) 31,331 414.271										
Signature		_	1a. (/w	NOOW							Date	7-22-	03			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 5442942